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	224615				
STATE OF SOUTH CAROLINA) (Caption of Case) Example: Application for a Class C Charter Certificate from)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA				
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET				
Request to Reinstate Class C Taxi Certificate	•				
Ronald R. Sumter	D DOCKET 2008 - 107 - T				
JUN 2 4 2010)	If this is your first time filing an application with the PSC, you will not				
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned				
T, T, W, W,	and should be entered above.				
(Please type or print) Submitted by: Ronald Sumter	Telephone: X (843) 860 - 2807				
	Fax: * None				
Address: * 2334-7 Treescape Dr * Charleston, SC 29414	Other:				
	Email: * Non				
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service (es not supplements the filing and service of pleadings of other papers				
as required by law. This form is required for use by the Fublic Service of the filled out completely.	COMMISSION OF DEATH CENTER OF THE CENTER OF				
NATURE OF ACTION (Check all that apply)					
Application - Class A/A Restricted	Request for Name Change on Certificate				
Application - Class C Taxi	Request to Amend Scope of Authority				
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)				
Application - Class C Charter Bus	Request to Amend Passenger Limit				
Application - Class C Non-Emergency	Request				
Application - Class C Stretcher Van	Exhibit				
Application - Class E Household Goods	Late-Filed Exhibit				
Application - Class E Hazardous Waste	Letter				
Application	Proposed Order				
Request for Extension to Comply with Order	Publisher's Affidavit				
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter				
of Public Convenience and Necessity to be Rescinded	Response				
	Respense				
Request for Cancellation of Certificate	Return to Petition				
Request for Cancellation of Certificate Request for Suspension					

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with:			Mail or fax a copy to
Public Service Commission of South Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	a Carolina		S.C. Office of Regulatory Staf Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
* DATE: 6/16/10			
Please consider this an application for Taxi Certificate Number	994	ent of my;	OFFICE OF REGULATORY STAFF JUN 2 4 2010
Non-Emergency Certificate Nu	mber		
My certificate was revoked/cancelled	on 10/14/0	9	pecause of failure to
submit a 2008 Annual Re	(DATE)		
am seeking reinstatement because	I Ho Put in t	ive a v	tion 95 sounds Possible
* Ronald R. Sumler (Name of Company)	Di	3A	N/A (if applicable)
*2334-7 Treescape (Street Address)	Dr_	X- (Mailing	SAM-C Address if different from Street Address)
* Charleston SC 29 (City, State, Zip Code)	414	*	Rouald R. Sumter (Signature)
* (843) 860-2807 (Telephone Number)		*	OWner (Title) Owner, President, etc.

Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERCEPTORY STAFF

JUN 24 2010

Ronald R. Sumter

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

10 Carrier is applying for reinstatement FOR THE YEAR ENDED 2008

Calendar Year Ending December 31, 2008
or
Fiscal Year Ending

